

102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

7030 2780 0001 2211 3571

2. Article Number
(Transfer from service)

Dennis Murphy
Manager, Murphy's LLC
PO Box 54
Lebo, Kansas 66856

CA# 07-2012-0018

1. Article Addressed to:

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
Agent Addressee

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery *11/26*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail
 Express Mail
 Return Receipt for Merchandise
 Insured Mail
 C.O.D.

4. Restricted Delivery? (Extra Fee)
 Yes No